

Professor Sean Duffy, Clinical Director for the Leeds Cancer Programme

The power of partnerships

Professor Sean Duffy, Clinical Director for the Leeds Cancer Programme, reflects on working closely with Macmillan to improve cancer services and outcomes for people in Leeds.

I moved back to Leeds in 2016 after working in London as National Clinical Director for Cancer with NHS England. Following the launch of the National Cancer Strategy in 2015, key leaders in the field of cancer wanted to bring together a range of partners to improve the delivery of cancer services in Leeds.

There is a shared will and unity across clinical commissioning, acute providers, public health and Leeds City Council to improve outcomes significantly for people affected by cancer in Leeds. From these early conversations, Leeds Integrated Cancer Services (LICS) was established, with myself acting as Co-Chair with Dr Sarah Forbes, following on from Professor Peter Selby.

Through bi-monthly networks, we developed a city-wide mechanism to steer and oversee cancer ambitions and system-wide change. Involving Macmillan in the set-up of LICS was key to the partnership. We could all see the benefit that partnership working and funding could bring to transform

the infrastructure of Leeds' cancer services.

Macmillan Programme Manager Steve Edwards says, 'Despite best efforts, cancer outcomes in Leeds, whilst improving year on year, are not the best in England and there is a city-wide ambition to do better. Macmillan's partnership with LICS is a unique opportunity to be involved in a city-wide programme for cancer transformation that will function across health and social care to improve outcomes for people with cancer in Leeds. This programme allows Macmillan to help deliver change at scale and at pace for people being diagnosed and living with cancer.'

Bringing together the NHS in Leeds, Leeds Teaching Hospitals, Leeds City Council, Public Health, Cancer Research UK, Macmillan and the University of Leeds, LICS developed several key priorities and identified opportunities to apply for national funding. This was the start of a highly structured approach to managing projects across the range of cancer pathways. We implemented areas of work that supported the breadth of a cancer experience – and a citywide approach allowed us to create a programme of work that was patient-centred and encouraged cross-boundary working.

This network was the inception of the Leeds Cancer Programme, which was launched in 2017. We recruited a small workforce to develop and implement four work streams:

- Preventions, Screening and Awareness
- · Early Diagnosis
- · Living With and Beyond Cancer
- · High Quality, Modern Service

Two years on, I can see the tangible results of that combined vision and drive. For example, in a relatively short space of time, our bowel screening champions (usually non-clinical practice staff) encouraged 1,089 people to complete a screening test who may not have done so (April 2018 – March 2019).

We have also implemented 'teledermatology' equipment in primary care, where we equip GPs with an iPod with an attached dermatoscope to take high quality images of suspected moles or legions. These are then sent electronically to clinicians to assess and triage within secondary care. To date, 5,810 people have been triaged electronically, reducing wait, anxiety, and the burden on hospitals.

Our cancer care reviews have yielded some fantastic results. Unique and tailored support has been provided to 213 people in two areas of Leeds following their cancer diagnosis and treatment. This is a great example of how patients can be supported in their own community and a potential model for the future.

Now, in the third year of the Leeds Cancer Programme, I know that across the city we can all feel very proud of what has been implemented and achieved. Some of the work of the programme will naturally move towards 'business as usual' for a wide range of organisations that prevent, diagnose, treat or care for people with cancer.

We leave a legacy from our activity, as the model of the programme has developed into a template for use by further large-scale, multi-million-pound investments in cancer care, as well other serious diseases in the city. We will progress towards making Leeds a 'Cancer Aware' city, where everyone can access knowledge and information to spot vital signs of cancer and the support available.

We have also contributed to cancer developments nationally, by rolling out several national pilots. One example is the ACE pathway (Accelerate, Coordinate, Evaluate), a new initiative for patients with non-specific but concerning symptoms. The pathway brings together clinicians to assess a person's symptoms and history. Also, our Teledermatology success will be used as a model for other clinical commissioning groups in the West Yorkshire and Harrogate regions to roll out.

I am acutely aware that these rapid successes in Leeds have been shaped by close partnership work and funding from Macmillan. This has enabled us to recruit the right Macmillan professionals into the right roles to lead change management. We have been able to work as a team across organisational boundaries throughout the city, and for that opportunity we are truly grateful to Macmillan.

For more information, visit leedscancerprogramme.org.uk @

Further information



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